



**CITY OF GARY, INDIANA  
EMERGENCY SOLUTIONS GRANTS (ESG-CV) PROGRAM  
SEPTEMBER 2021 FUNDING APPLICATION**

**Application Certification:** To the best of my knowledge and belief, the information contained in this application is true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant will comply with all assurances, Federal, State, and Local laws and regulations if applicant is approved to receive funding.

**Applicant Organization:** \_\_\_\_\_

**Organization's Authorized Signatory (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEADLINE FOR SUBMISSION ELECTRONICALLY IS  
DECEMBER 12, 2021 BY 4:00 P.M.**

Evelyn Aponte, Compliance Manager  
(219) 881-5075, Ext. 16770  
[caponte@gary.gov](mailto:caponte@gary.gov)

APPLICATIONS WILL NOT BE ACCEPTED UNLESS IT IS COMPLETE AND SUBMITTED ON TIME. A .PDF OF THE APPLICATION IS PREFERRED, BUT A WORD DOCUMENT WILL BE ACCEPTED AND SHOULD BE SUBMITTED ELECTRONICALLY WITH ALL REQUIRED ATTACHMENTS, DOCUMENTATION, AND SIGNATURES

**(CITY USE ONLY)**

**DATE RECEIVED:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **BY:** \_\_\_\_\_

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## **Emergency Solutions Grants (ESG-CV)**

The City of Gary is requesting proposals for Emergency Solutions Grant (ESG-CV) funds. Of the City's FY2020 ESG-CV allocation of \$1,093,079, \$984,079 is available for awards. The City intends to allocate ESG-CV funds to prepare, prevent, and respond to the ongoing COVID-19 pandemic. All ESG-CV funding must be expended by September 30, 2022.

## **The City of Gary Approved ESG Components and Program Priorities**

- Emergency Shelter
- Street Outreach
- Rapid Rehousing
- Homelessness Prevention

More information regarding eligible activities can be found here:

<https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/esg-eligible-activities/overview/>.

For flexibilities and newly added activities visit here:

<https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-ESG-CV-Notice-CPD-21-08-Summary.pdf>.

**SECTION I. APPLICANT/ORGANIZATION PROFILE**

Applicant Organization (Full Legal Name)	
Applicant/Contact Person (Full Legal Name)	
Title of Contact Person	
Email Address	
Street Address (no P.O. Box please) City, State, Zip Code	
Area Code and Telephone Number	
Mailing Address (If difference from above)	
Federal ID #	
DUNS Number (Mandatory) and Date of Sam.gov registration or renewal	
Number of Years in Operation	
Type of Entity (check one):	<input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit <input type="checkbox"/> City Gov't <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Association
New Project	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organization Type (check all that apply)	<input type="checkbox"/> Emergency Shelter (overnight) <input type="checkbox"/> Day Shelter (no overnight stay) <input type="checkbox"/> Domestic Violence Agency <input type="checkbox"/> Homeless Advocacy Agency <input type="checkbox"/> Community Action Agency <input type="checkbox"/> Supportive Service Provider <input type="checkbox"/> Other _____
Program Component (for the program component or eligible activity that you are applying for and plan to administer)	<input type="checkbox"/> Street Outreach <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homelessness Prevention <input type="checkbox"/> Rapid Re-housing
Purpose of Project (Check a box that best describes the primary purpose of this project)	<input type="checkbox"/> Prevent Homelessness <input type="checkbox"/> Help the Homeless <input type="checkbox"/> Help those with HIV/AIDS <input type="checkbox"/> Help those with disabilities
Amount of ESG-CV Funds Requested for this program	\$
Amount of Other Funding Sources for this program	\$
Total Amount of Program Budget (add ESG-CV Funds Requested + Other Funding Sources)	\$

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## SECTION II. DOCUMENT ATTACHMENT CHECKLIST

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Applicant Name:

Program Name:

Please **TAB** all required documents in chronological order and check the box next to letter of the attachment if you are providing the document. If you are not attaching a document, please explain the reason why. **Your application will be considered incomplete if the complete list of documents is not included at submission.**

- A. Articles of Incorporation and Bylaws** – Attach the documents recognized by the State as formally establishing a private corporation, business or organization.
- B. Non-profit Determination** – Attach Tax-exemption determination letter(s) from the Federal Internal Revenue Service and the State Franchise Tax Board.
- C. Designation of Authorized Official** – Attach documentation of the governing body’s (i.e. Board of Directors) action authorizing the representative of the organization to negotiate for and contractually bind the organization. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.
- D. Organizational Chart** – Attach an organizational chart which should describe the organization’s administrative framework and staff positions. This organizational chart should indicate where the proposed project will fit into the organizational structure. This should identify any staff positions that share responsibility for the project.
- E. Most recent Financial Statement and Audit** – Attach your organization’s most recent Financial Statement and Complete Audit (Audit cannot be older than 2 years). City Departments are not required to provide this.
- F. Conflict of Interest Questionnaire** (form included in application as Item XXVII.)
- G. Annual Budget from all of the funding sources your organization receives.** – Attached the annual budget from all of the current funding sources of your organization. This would include all of the grants or other sources of funds that your organization receives.
- H. Supplemental pages for answering questions, if applicable**

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### SECTION III. ORGANIZATIONAL CAPACITY

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- A. Briefly describe the current purpose of the applicant organization and current sources of funding.
- B. Briefly state what type of services are currently provided by the applicant organization and include the number and characteristics of clients served on an annual basis.
- C. Briefly describe your organization's experience in successfully executing this type of program/activity, if any.
- D. Projects that receive an ESG-CV funding award are sometimes awarded less than the amount originally requested. Please indicate here whether your proposed activity could be undertaken with less funding and how that would affect the project scope.
- E. Does your program include mandatory services for clients as a requirement for assistance?  Yes  No  
If yes, please explain:
- F. Please provide a listing of existing staff positions, job descriptions, and qualifications for the staff that are going to carry out the proposed project/program activity. If you need to increase staffing, what is your plan to do so?
- G. Please confirm that you will agree to meet the compliance requirements for ESG-CV (i.e., provide eligible services, serve eligible participants):  Yes  N

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**SECTION IV. PROJECT SUMMARY/DESCRIPTION**

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- A. Provide a detailed description of the proposed project/program under the Component (Street Outreach, Emergency Shelter, Homelessness Prevention, or Rapid Re-housing) chosen, that your organization will administer. Identify the problems the project is intended to help solve. Include:
- (1) **WHAT** will the project/program do:
  
  - (2) **WHO** will the project serve or benefit and brief demographic description:
  
  - (3) **WHY** is the project needed within the community and provide any supporting data that supports this need, if available:
  
  - (4) **WHERE** will the project operate:
- C. Anticipated Completion Date: Please remember all funds must be expended by September 2022 (Schedule for completion)
- D. If you're program is providing assistance, **other than emergency shelter**, please provide **the number of clients** you propose to provide assistance to in the categories that pertain to your activity such as street outreach, rapid re-housing, and homelessness prevention.

Category	Outreach
Engagement	
Case Management	
Emergency Health Services	
Transportation	
Services for Special Populations	
Emergency Mental Health Services	

Category	Rapid Re-Housing	Homeless Prevention
Rental Assistance		
Rental Arrears		
Rental Application Fees		
Security Deposits		
Last Month's Rent		
Utility Deposits		
Utility Payments		
Moving Costs		
Services Costs		
Mediation		
Legal Services		
Credit Repair		

**SECTION V. PROJECT SITE**

**FILL THIS SECTION OUT ONLY IF PROJECT IS FOR RENOVATION, REHABILITATION OR CONVERSION OF SHELTERS.**

<b>A. <u>Site Control</u>:</b> Indicate below the status of the project site and attach documentation of site control: (lease agreement, purchase option or property deed)	
<input type="checkbox"/> Applicant owns property: Date acquired: _____	
<input type="checkbox"/> Lease. Expiration Date: _____	
<input type="checkbox"/> Option to purchase. Expiration Date: _____	
<input type="checkbox"/> Other, describe:	
<b>B. <u>Zoning</u>:</b> Project structure type is: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other:	
NOTE: If zoning is not known, contact the Zoning Department at (219) 881-1332.	
1. What is current zoning classification of project site?  _____	2. Is site zoned correctly for the proposed activity?  <input type="checkbox"/> Yes <input type="checkbox"/> No
If "NO", provide an explanation of efforts and timetable to change zoning or obtain variance:	
<b>C. <u>Appraisal</u>:</b> If funding request is for property acquisition, has appraisal been done within the past 18 months?	
<input type="checkbox"/> Yes: (must attach copy of appraisal)	
<input type="checkbox"/> No: If appraised value not known, what is the source of acquisition cost estimate?	
\$ _____	
<b>D. <u>Timeline</u>:</b> What is your proposed timeline to complete the renovation project:	

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**SECTION VI. RELOCATION**

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**FILL THIS SECTION OUT ONLY IF PROJECT IS FOR RENOVATION, REHABILITATION OR CONVERSION OF SHELTERS.**

Does project require temporary/permanent relocation or moving of occupants of a structure?  Yes  No

*If yes, project is subject to The Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).*

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## SECTION VII. ACCESSIBILITY FOR PERSONS WITH PHYSICAL DISABILITIES

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The applicant will comply with Title VI of the 1964 Civil Rights Act, as amended (42 U.S.C. § 2000d et seq.) the Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Americans with Disabilities Act (ADA), as amended, (42 U.S.C. § 12101 et seq.) The Civil Rights Act generally requires that applicants assure that no person otherwise qualified, on the basis of race, color, national origin, creed, sex, or age will be excluded from participation in or be denied the benefits of, or otherwise discriminated against in any program, or activity conducted by the applicant.

Federal regulations require that all facilities and/or services assisted with CDBG/ESG/HOME funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

A. For Physical Improvement/Development Projects:

Will completed project meet ADA accessibility standards for the disabled?

Yes  No

B. For Service Programs (Direct Services):

Is the facility, in which program is carried out in compliance with ADA accessibility standards for the disabled?

Yes  No

- A. If you responded "No" in "A" or "B" above, describe accessibility problems and method to address problems, including funding and timetable.

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**SECTION VIII. NON-DISCRIMINATION/CLIENT PARTICIPATION/DRUG FREE  
CERTIFICATION**

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The 1975 Age Discrimination Act, as amended, (42 U.S.C. § 6101 et seq.) provides that no person shall be excluded from participation, denied program benefits, or subjected to discrimination on the basis of age, under any program, or activity receiving federal funds.

In accordance with 24 CFR 576, the Applicant must describe how it will make known that use of the facilities, assistance, and services are available to all on a nondiscriminatory basis and describe how it will take appropriate steps to ensure effective communication with persons with disabilities including, but not limited to, adopting procedures that will make available to interested persons concerning the location of assistance, services, and facilities that are accessible to persons with disabilities. Consistent with Title VI and Executive Order 13166, the Applicant is also required to take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons.

Non-Discrimination: Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or provision of services?

Yes currently       Not currently       Willing to adopt practice

**ATTACH NON-DISCRIMINATION POLICY**

**Drug Free Certification:** The applicant will publish, or has published, a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against the employees for violation of that prohibition. Establish an ongoing drug-free awareness program to inform its employees about: (1) the dangers of drug abuse in its workplace; (2) the applicant's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs, and (4) the penalties that may be imposed upon its employees for drug abuse violations occurring in the workplace. Making it a requirement that each of its employees engaged in the performance of the grant be furnished a statement of the applicant's drug policy.

**ATTACH DRUG FREE STATEMENT OR POLICY**

**SECTION IX. PROPOSED ESG-CV BUDGET**

Please provide a detailed budget of the intended use of the Emergency Solutions Grants funds. This budget is organized by component, activity type and eligible cost. **Please remember that all ESG-CV funding must be expended by September 30, 2022.**

Activity Type and Eligible Costs	Cost Type (Staff, Direct Assistance for Client, Subcontract, other, etc.)	Amount
<b>Budget for Homelessness Prevention</b>		
<b>Rental Housing/Rental Assistance</b>		
Rental Assistance		
Rental Arrears		
<b>Relocation and Stabilization Services – Financial Assistance</b>		
Rental Application Fees		
Security Deposits		
Last Month's Rent		
Utility Deposits		
Utility Payments		
Moving Costs		
<b>Relocation and Stabilization Services - Services</b>		
Housing Search and Placement		
Housing Stabilization Case Management		
Mediation		
Legal Services		
Credit Repair		
<b>Hazard Pay</b>		
<b>Landlord Incentives</b>		
Signing Bonuses		
Extra Security Deposit (up to 3 mos)		
Repair Damages Over Deposit		
Extra Cleaning or Maintenance		
<b>Volunteer Incentives</b>		
<b>Training</b>		
Total Homelessness Prevention:		
<b>Budget for Rapid Rehousing</b>		
<b>Rental Housing/Rental Assistance</b>		
Rental Assistance		
Rental Arrears		
<b>Relocation and Stabilization Services – Financial Assistance</b>		

Activity Type and Eligible Costs		Cost Type (Staff, Direct Assistance for Client, Subcontract, other, etc.)	Amount
	Rental Application Fees		
	Security Deposits		
	Last Month's Rent		
	Utility Deposits		
	Utility Payments		
	Moving Costs		
<b>Relocation and Stabilization Services - Services</b>			
	Housing Search and Placement		
	Housing Stabilization Case Management		
	Mediation		
	Legal Services		
	Credit Repair		
<b>Hazard Pay</b>			
<b>Landlord Incentives</b>			
	Signing Bonuses		
	Extra Security Deposit (up to 3 mos)		
	Repair Damages Over Deposit		
	Extra Cleaning or Maintenance		
<b>Volunteer Incentives</b>			
<b>Training</b>			
Total Rapid Rehousing:			
<b>Budget for Emergency Shelter (Normal)</b>			
<b>Essential Services</b>			
	Case Management		
	Child Care		
	Education Services		
	Employment Assistance/Job training		
	Outpatient Health Services		
	Legal Services		
	Life Skills Training		
	Mental Health Services		
	Substance Abuse Treatment Services		
	Transportation		
	Services for Special Populations		
<b>Operations</b>			
	Maintenance		
	Rent		

<b>Activity Type and Eligible Costs</b>		<b>Cost Type</b> (Staff, Direct Assistance for Client, Subcontract, other, etc.)	<b>Amount</b>
	Security		
	Fuel		
	Equipment		
	Insurance		
	Utilities		
	Food		
	Furnishings		
	Supplies		
	Hotel/Motel Vouchers		
<b>Renovation</b>			
	Labor		
	Materials		
	Tools		
	Other costs for renovation		
<b>Major Rehab</b>			
	Labor		
	Materials		
	Tools		
	Other costs for renovation		
<b>Conversion</b>			
	Labor		
	Materials		
	Tools		
	Other costs for renovation		
<b>Hazard Pay</b>			
<b>Volunteer Incentives</b>			
<b>Training</b>			
Total Emergency Shelter (Normal)			
<b>Budget for Temporary Emergency Shelter</b>			
<b>Essential Services</b>			
	Case Management		
	Child Care		
	Education Services		
	Employment Assistance/Job training		
	Outpatient Health Services		
	Legal Services		
	Life Skills Training		
	Mental Health Services		
	Substance Abuse Treatment Services		
	Transportation		
	Services for Special Populations		
	Housing Search and Placement		
	Housing Search and Counseling		
<b>Operations</b>			
	Maintenance		

<b>Activity Type and Eligible Costs</b>		<b>Cost Type</b> (Staff, Direct Assistance for Client, Subcontract, other, etc.)	<b>Amount</b>
	Rent		
	Security		
	Fuel		
	Equipment		
	Insurance		
	Utilities		
	Food		
	Furnishings		
	Supplies		
<b>Leasing Existing Real Property or Temporary Structures</b>			
<b>Acquisition</b>			
<b>Renovation (including major rehab and conversion)</b>			
	Labor		
	Materials		
	Tools		
	Other costs for renovation		
<b>Hazard Pay</b>			
<b>Volunteer Incentives</b>			
<b>Training</b>			
Total Temporary Emergency Shelter			
<b>Budget for Street Outreach</b>			
<b>Essential Services</b>			
	Engagement		
	Case Management		
	Emergency Health Services		
	Emergency Mental Health Services		
	Transportation		
	Services for Special Populations		
<b>Hazard Pay</b>			
<b>Handwashing Stations/Portable Bathrooms</b>			
<b>Volunteer Incentives</b>			
<b>Training</b>			
Total Street Outreach:			

Activity Type and Eligible Costs	Cost Type (Staff, Direct Assistance for Client, Subcontract, other, etc.)	Amount
<b>Budget for Other ESG-CV Expenditures</b>		
<b>Training</b>		
<b>HMIS</b>		
<b>Administration</b>		
<b>Total Other:</b>		
<b>Total ESG-CV Budget:</b>		

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**SECTION X. COMMITTED FUNDS**

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Identify sources and amounts of committed funds for current program year for this project, if not applicable put N/A. **(Documentation of committed funds such as a Letter of Commitment or an Executed Grant Agreement must be submitted with this application.)\***

Source (Do not use acronyms)	Funding Amount	Budget Line Item Covered by Funds
Committed Funds Total:		

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**SECTION XI. COC COLLABORATIONS**

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Provide a description of all affiliations with sponsoring organizations or agencies, including, but not limited to, affiliations with religious organizations:

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**SECTION XII. HMIS**

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Provide a statement from the HMIS administrator (CoC of NWI or IHADA) indicating that your agency has participated or is participating in HMIS, as required. If your agency is not currently using HMIS, you must include a statement expressing your intended participation upon execution of grant agreement.

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**SECTION XIII. CONTRACTUAL OBLIGATIONS**

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Selected subrecipients must be prepared to meet the following conditions and enter into a final contract containing these provisions:

1. Selected subrecipients shall certify that their insurance coverage, including liability, errors and omission, and workers' compensation is in accordance with Indiana law and that such coverage will remain in effect throughout the period of the proposed contractual agreement.
2. Selected subrecipients shall agree to maintain financial records in accordance with Generally Accepted Accounting Principles, so as to substantiate all expenditures made in connection with this proposal and/or any subsequent contract.
3. Selected subrecipients shall certify that they will comply with all federal and state laws applicable to employment and that services will be rendered without invidious discrimination.
4. Selected subrecipients shall agree to comply with all applicable federal, state, and local statutes, regulations and procedures with respect to project development, administration and reporting, including, but not limited to 24 CFR Part 576 and 2 CFR Part 200.

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**SECTION XIV. INSURANCE/BONDING/WORKER'S COMPENSATION**

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Indicate if your agency:

- Pays Payroll Taxes and Worker's Compensation
- Has Liability Insurance
- Has Fidelity Bond Coverage

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**SECTION XV. STATEMENT OF APPLICANT**

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1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/application may be made in connection with this Application once the deadline for applications has passed, unless requested by the Community Development Department.
3. That the City of Gary Community Development Department may request or require changes in the information submitted; and, may substitute its own figures (which it deems reasonable) for any or all figures provided.
4. That the applicant will participate in a required interview for project assessment and cooperatively assist in the review process.
5. That, if the project(s) is recommended and approved by the Review Committee, the City of Gary Community Development Department reserves the right to reduce and/or cancel the allocation if federal entitlements are canceled, reduced, or rescinded.
6. That the City of Gary Community Development Department reserves the right not to fund any submittals received.
7. That the Applicant's organization must have a home office in Gary, Indiana or must provide services only to the citizens of Gary, Indiana.
8. That by submission of this Application, the organization agrees to abide by the federal regulations applicable to this program.
9. That the organization's past program and financial performance will be considered in reviewing this Application.
10. That services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City of Gary Community Development Department.
11. That, if the project is funded, the City of Gary Community Development Department (or designated agency) may conduct an accounting system inspection to review internal control: including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
12. That, if project is funded, a written agreement that includes a statement of work, records intention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organizations and the City of Gary Community Development Department.
13. That a project's funding does not guarantee its continuation in subsequent Action Plans.
14. That a written Signatory Authority from the organization's governing body indicating who can execute contracts and amendments on its behalf has been executed and submitted.
15. That full disclosure has been given, by attached Conflict of Interest, to alleviate the appearance of conflict of interest (i.e., City of Gary Community Development Department or the City of Gary staff members/employees on the Board of Directors or staff members' families serving on the Board of Directors).

***PENALTY FOR FALSE OR FRAUDULENT STATEMENT***

*U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.*

By signature below, the applicant acknowledges the above on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

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**SECTION XVI. AUTHORIZATION TO REQUEST FUNDS**

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The Director of \_\_\_\_\_ (Name of Organization) does hereby resolve that on this \_\_\_\_ day of \_\_\_\_\_, **2021**, the Board reviewed the Application for Community Development Block Grant funding to be submitted to the City of Gary Community Development Department for funding consideration for fiscal year 2022 and has hereby approved this application for submission.

The Board and the Director further certifies that this organization has complied with all applicable laws and regulations pertaining to submittal of this application and is a non-profit organization, tax-exempt, and incorporated in the State of Indiana.

\_\_\_\_\_ (Name of Organization) will provide the services or activities identified in this application to Gary residents in order to further the initiatives stated in the most recent **Consolidated Plan & Annual Action Plan** for that proposed program year. If this organization receives funding from the City of Gary - Community Development Department, it agrees to adhere to all relevant Federal, State, and Local regulations as required by the U.S. Department of Housing and Urban Development (HUD) and City of Gary. The president of the Board and the Director of this organization certify that this organization is fully committed and capable of fulfilling its obligation as stated in this application.

This Application is needed to make a final determination of a program’s eligibility and fundability. Once the City of Gary - Community Development Department receives this information, our staff will evaluate the Application and contact your organization in writing to verify if it has been approved or denied for funding. The signatures below authorize the submittal of this Application on behalf of the organization.

We certify to the best of our ability that the information provided herein is true and correct.

\_\_\_\_\_ (must provide signature)  
**Signature – President, Board of Directors**

\_\_\_\_\_  
**Typed Name**

\_\_\_\_\_ (must provide signature)  
**Signature – Director of Organization**

\_\_\_\_\_  
**Typed Name**

\_\_\_\_\_  
**Date**

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## SECTION XVII. CONFLICT OF INTEREST

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The general rule is that no persons, as defined below, who exercise or have exercised any functions or responsibilities with respect to ESG activities, or who are in a position to participate in a decision making process or to gain inside information with regard to such activities may obtain a financial interest or benefit from an ESG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to ESG assisted activity, or with respect to proceeds of the ESG activity, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter. (Section 24 CFR 570.404(b)(1) – “Conflicts prohibited” of the ESG regulations).

Persons covered. The conflict of interest provisions applies to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or sub-recipients who are receiving funds under this part.

No employee, officer or agent of the grantee shall participate in selection, or in the award or administration of a contract supported by Federal funds, if a real or apparent conflict of interest would be involved. Such a conflict would arise when any of the parties noted below have a financial or other interest in the firm selected for award.

- a. The employee, officer or agent;
- b. Any member of his immediate family;
- c. His or her partner; or
- d. An organization, which employs, or is about to employ, any of the above,

The officers, employees or agents shall neither solicit nor accept gratuities, favors of anything of monetary value from contractors or parties to sub-agreements (2 CFR 200.318 (c)(1) General Procurement Standards).

Conflict of interest situations that are not properly addressed can result in a loss of ESG funding to the program and/or to the City, and in some cases can result in civil or criminal liability. City staff should be contacted immediately if you suspect that there may be a conflict of interest.

To ensure compliance, please review the regulations noted above to determine whether an actual or perceived conflict of interest exists, and, if so, what action should be taken to avoid a violation of the law. All applicants must complete the “*Conflict of Interest Questionnaire*” and submit with the proposal.

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**SECTION XVIII. CONFLICT OF INTEREST QUESTIONNAIRE**

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This questionnaire must be completed and submitted by each applicant for Emergency Solutions Grant Program (ESG) funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application a City employee or consultant, or a member of the City Council?

Yes  No

If yes, please list the name(s) below:

\_\_\_\_\_  
\_\_\_\_\_

2. Will the ESG Funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application a City employee, consultant, or a member of the City Council?

Yes  No

If yes, please list the name(s) below:

\_\_\_\_\_  
\_\_\_\_\_

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or a member of the City Council?

Yes  No

If yes, please list the name(s) below:

\_\_\_\_\_  
\_\_\_\_\_

If you have answered "YES" to any of the above, the Community Development Department will review to determine whether a real or apparent conflict of interest exists.

Name of Organization:

Name of Applicant's Authorized Official:

Authorized Official's Title:

Signature of Authorized Official: \_\_\_\_\_

**(must provide signature)**

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**SECTION XIX. RELIGIOUS/FAITH-BASED ORGANIZATION CERTIFICATION\***

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In addition to, and not in substitution for, other provisions of this agreement regarding the provision of Community Development Department Program/activity pursuant to the Emergency Solutions Grant Program/activity, the Organization:

- 1) Represents that it is, or may be deemed to be, a religious or denominational institution or organization or an organization operated for religious purposes.
- 2) Agrees that, in connection with such Emergency Solutions Grant Program activities and operational costs:
  - a. It will not discriminate against any persons seeking ESG services and/or related services on the basis of religion or religious belief; and
  - b. It will not use ESG Funds to support any inherently religious activities, such as worship, religious instruction, or proselytization.

**Not a religious organization:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

**A religious or faith-based organization and agree to follow terms above:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\*Religious Organizations:

Primarily religious organizations must meet conditions outlined at 24 CFR Part 576.406 found in the ESG regulations and 24 CFR 5.109 <https://www.govinfo.gov/content/pkg/CFR-2016-title24-vol1/pdf/CFR-2016-title24-vol1-sec5-109.pdf>

**An organization that participates in the ESG program shall not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious beliefs and may not engage in inherently religious activities, such as worship, religious instruction, or proselytizing as part of the programs or services funded under this part.** If an organization conducts such activities, they must be offered separately, in time or location, from the programs funded by ESG. Participation must be voluntary for the beneficiaries of the HUD-funded programs.